March 5th, 2019

Insurance and Real Estate Committee
Connecticut General Assembly

Testimony in SUPPORT of HB 7125: An Act Concerning Parity for Mental Health and Substance Use Disorder Benefits, Nonquantitative Treatment Limitations, Drugs Prescribed for the Treatment of Substance Use Disorders, and Substance Abuse Services.

Dear Senator Lesser, Representative Scanlon, and Distinguished Members of the Insurance and Real Estate Committee,

My name is Dr. Falisha Gilman. I am a psychiatrist training at Yale School of Medicine and I am writing in **support of HB 7125**. As a physician, I treat patients with psychiatric illness and substance use disorders and I have the privilege of witnessing patients get well with the help of evidence-based interventions. Like other chronic diseases, psychiatric illnesses and substance use disorders have effective treatments. Recovery is possible, but only if treatment is accessible and affordable.

Eleven years ago, The Mental Health Parity and Addiction Equity Act became federal law. And while some disparities have been reduced in that time, there is still work to be done. The improvements thus far have focused primarily on quantitative treatment limitations, such as the annual limits on the number of visits, as well as higher copays and separate deductibles for psychiatric care.[4] Insurers continue to use non-quantitative treatment limitations, such as prior authorizations, to disproportionately limit psychiatric care compared to medical and surgical care, capitalizing on limited government oversight and through mechanisms that can be challenging to track.

In order to hold insurance carriers accountable, we need to increase transparency and collect data. In addition to supporting what is already outlined in HB 7125, I **request that language is added to require insurance companies to report claims data for medical, psychiatric, and substance use disorders.** This information is needed to determine if, and to what degree, parity laws are being violated on the basis of higher rates of denial and of prior-authorizations required for mental health treatment compared to medical and surgical treatments.

One out of every 2 patients referred to psychiatric care does not follow through with a referral[1] and nearly half of those people were deterred because they couldn't afford treatment.[2] Many assume that having private insurance makes psychiatric care affordable and accessible, but nearly 40% of privately insured patients could not afford psychiatric care.[2] A driving force of expensive care is the paucity of in-network psychiatric providers who accept a patient's insurance. This forces patients to decide between no treatment or pricey out-of-network treatment. The 2017 Milliman Report revealed that Connecticut is ranked the worst state in the nation for the disparity between psychiatric and medical out-of-network usage for patients who are privately insured. Only 3% of medical and surgical visits were out of network, while more than 30% of psychiatric visits were out of network.[3] In essence, insurers have not adequately developed their in-network provider lists for psychiatric care. **HB 7125 would be strengthened by adding language that addresses this issue.**

Thank you for the opportunity to testify in **support of HB 7125**. I am happy to answer any questions or provide additional information.

Falisha Gilman, MD
Resident Psychiatrist
Yale School of Medicine
falisha.gilman@yale.edu

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1. https://khn.org/news/advocates-say-mental-health-parity-law-is-not-fulfilling-its-promise/
2. "Transforming Mental Health Care at the Interface with General Medicine: report for the President's Commission." 2006.
3. National Survey on Drug Use and Health (NSDUH) 2015
4. http://www.milliman.com/NQTLDisparityAnalysis/